



WASHINGTON COUNTY HEALTH DEPARTMENT

1302 Pennsylvania Avenue • Hagerstown, MD 21742

<http://dhmh.maryland.gov/washhealth>

APPLICATION FOR PERMIT TO OPERATE A SPECIAL TEMPORARY FOOD SERVICE FACILITY

Application is hereby made to operate a food service facility in accordance with Code of Maryland Regulations 10.15.03.

Please Print or Type

Organization or Individual Operating Foodstand: _____

Name of Event: _____

Location of Event: _____

Name & Mailing Address (For License To Be Mailed): _____

Name of Person Submitting Application: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Total Menu (**Be Specific and Include Beverages**): _____

Food to Be Purchased at: _____

List Any Food Being Prepared Off Site: _____

Dates Operating: _____ Rain Date : _____

Hours Operating: _____ Estimated # of People to be Served at Event: _____




Hot & Cold Water _____ Public _____ Approved Private

Sewage Disposal _____ Public _____ Approved Private

**NOTE: Fire Marshall must be contacted by applicant if operating a grill or fryer that produces grease-laden vapors.
City Fire Marshall @ 301-790-2476 - OR - State Fire Marshall @ 301-766-3888 (outside city limits)**

Signature below constitutes my agreement to comply with all State regulations, requirements, and the Special Temporary Food Service Facilities Guidelines as required by MD COMAR 10.15.03 regulations.

Signature of Applicant: _____ Title: _____

IF PAYING BY VISA, MASTERCARD or DISCOVER, FILL OUT BELOW:	
   <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	
CARD NUMBER	AMOUNT \$25.00
SIGNATURE	EXP. DATE (MM/YYYY)

**MAIL APPLICATION AND \$25.00 FEE TO:
WASHINGTON COUNTY ENVIRONMENTAL HEALTH
13332 PENNSYLVANIA AVENUE
HAGERSTOWN, MD 21742**

240-313-3400 PHONE • 240-313-3391 TDD • 240-313-3424 FAX